



Water Resources Program  
PROOF OF APPROPRIATION OF WATER

For Ecology Use  
(Date Stamp)

RECEIVED

DEC 17 2013

Reviewed by:

Department of Ecology  
Eastern Regional Office

PERMIT NUMBER <u>53-30629</u>		CHANGE APPROVAL NUMBER					
NAME OF PERMITTEE <u>Bruce &amp; Lynda Brunette</u>		CONTACT NAME (IF DIFFERENT)					
MAILING ADDRESS (STREET) <u>West 1817 Nora</u>	CITY <u>Spokane</u>	STATE <u>WA</u>	ZIP CODE <u>99205</u>				
PHONE NUMBER <u>(509) 435-1405</u>	FAX NUMBER ( ) -						
SOURCE(S) OF WATER <u>Well River kb</u>		LOCATION OF SOURCE(S)					
		NO.	1/4	1/4	SECTION <u>03</u>	TOWNSHIP N. <u>35N</u>	RANGE, (E/W)M <u>43E</u>
LIST ALL PURPOSES WATER IS USED FOR:							
DATE WATER WAS COMPLETELY APPLIED TO BENEFICIAL USE		TIME OF YEAR WATER IS USED: <input type="checkbox"/> Continuous/Year round <input checked="" type="checkbox"/> Seasonal		IF SEASONALLY, LIST THE START AND END DATE Start: <u>?</u> End: <u>?</u>			
DESCRIBE HOW CONSTRUCTION AND DEVELOPMENT RELATED PROVISIONS (AS REQUIRED BY PERMIT) HAVE BEEN OR ARE TO BE MET (USE ADDITIONAL PAPER IF NECESSARY) <u>Pump on dock screen and hose in water (fish)</u>							
DESCRIPTION OF SPECIFIC AREA ON WHICH WATER IS BENEFICIALLY USED(USE ADDITIONAL PAPER IF NECESSARY) <u>Lawn &amp; Garden</u>							
NO. <u>All</u>	1/4	1/4	SECTION <u>03</u>	TOWNSHIP N. <u>35 N</u>	RANGE, (E/W)M <u>43E</u>		

PHYSICAL WITHDRAWAL OR DIVERSION INFORMATION

Point of Diversion/Withdrawal Tax Parcel #: 433503519050

For Pump Designed Water System Information:

TYPE OF PUMP: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other <u>Surface</u>			
MAKE <u>Craftsman</u>	MODEL # <u>Pump 370.251483</u>	SERIAL # <u>motor C48C37A03</u>	HORSEPOWER <u>.50</u>
MOTOR	BHP	SPEED <u>3450</u>	RPM
<input type="checkbox"/> Water lubricated <input type="checkbox"/> Oil Lubricated			
BOOSTER PUMP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		BREAK HORSEPOWER	PRESSURE <u>40/60</u>
PUMP DISCHARGE HEAD PRESSURE psi		DISCHARGE PIPE DIAMETER <u>1 inch</u>	
		OPEN DISCHARGE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

For Ground Water Withdrawal (if more than one, please include attachment)

Ecology Unique Well Identification Number(s)		[Include a copy of the well log(s)]
PUMP SETTING (DEPTH)	STATIC WATER LEVEL feet below land surface	DYNAMIC (PUMPING) LEVEL feet below land surface
ACCESS PORT INSTALLED? <input type="checkbox"/> Yes	AIRLINE INSTALLED? <input type="checkbox"/> Yes	AIRLINE LENGTH

For Non-Pump Designed Water Systems

METHOD OF WATER DIVERSION	DESCRIPTION OF WORKS
SCREEN MESH SIZE	METHOD OF CONTROL

Accept: Preout  
Chkd By: KB Date: 12.18.13

Activate Backup  
to Domestic well.

REQUEST COST FREE



**USE OF WATER FOR:**

**1. Irrigation (Please include map of all irrigated lands):**

TYPE OF SYSTEM	NUMBER OF SPRINKLERS OR EMMITERS	SPRINKLER/EMMITER MAKE	MODEL & RATED DISCHARGE
SIZE NOZZLE/EMMITER OPENINGS	AVERAGE PRESSURE AT SPRINKLER/EMMITER HEADS	NUMBER OF ACRES DEVELOPED	TYPE OF CROP(S)

**2. Municipal or Domestic Supply**

NUMBER OF DOMESTIC UNITS CURRENTLY SERVED:	NUMBER OF DOMESTIC UNITS TO BE SERVED	POPULATION CURRENTLY SERVED
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ALSO, provide the following information, if applicable:

- ☐ Department of Health public water system identification number.
- ☐ Map of the delivery system (provide copy if water system is done)
- ☐ Map of present service area and lots presently using water (Non-Municipal Users).
- ☐ If platted property, provide copy of the file plat map or file reference number Non-Municipal Users).
- ☐ Other incidental beneficial uses associated with the domestic supply (Non-Municipal Users).

**3. Industrial or Commercial**

TYPE OF INDUSTRY OR COMMERCIAL PROCESS
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If a waste discharge permit is required for the facility, include a reference to the permit number: \_\_\_\_\_

4. Other Use of Water (describe): \_\_\_\_\_

**WATER USE AND \*MEASUREMENT**

IS A FLOW METER OR MEASURING DEVICE INSTALLED? <input type="checkbox"/> Yes <input type="checkbox"/> No	LOCATION OF METER(S) OR MEASURING DEVICE(S)		
MAKE	SERIAL NUMBER	INSTALLATION DATE	INSTALLED BY:
METER READING	DATE		

\*Include copy of meter specifications

Report actual amount withdrawn or diverted from permanent system on an instantaneous and annual basis. Please include meter data or describe method used to estimate annual volume.

CUBIC FEET PER SECOND	ACRE FEET PER YEAR	GALLONS PER MINUTE	TOTAL GALLONS PER YEAR
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If the existing water use as indicated by meter data, etc., is less than you anticipate to be the full extent of the water right which you are reporting through submission of this form, please explain on a separate sheet of paper. Alternate source of water Have Well

I, Lynda (Please Print), and Bruce (Please Print) do certify that I/we have completed appropriation of water under Water Right Permit or approved water right change number, \_\_\_\_\_. This notice and attached documents are true and accurate statements and describe and support my/our assertion that I/we have satisfied the terms of the permit/change in compliance with the law.

Lynda Brunette  
Permittee(s) Signature

Bruce Brunette 12/12/2013  
Permittee(s) Signature Date

State of: Washington  
County of: Spokane } §

Signed and sworn to (or affirmed) before me on this 12 day of December 2013



Brenda Lee Sparrow  
(Signature)  
Brenda Lee Sparrow  
(Printed Name)  
Notary  
(Title)  
My appointment expires: 10/29/15